







*Proof* Anderson (J. W. A.)  
AN OUTLINE  
OF

THE VARIOUS MEANS AND METHODS

HERETOFORE USED, FOR THE RADICAL CURE OF

**HERNIA:**

WITH AN ACCOUNT OF A

**NEW OPERATION AND PLAN**

OF CURE, ILLUSTRATED BY CASES.

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BY THOS. A. ANDERSON, AM. MD.  
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MEMBER OF THE MEDICAL SOCIETY OF BALTIMORE,

MEMBER OF THE MEDICAL SOCIETY

OF MARYLAND, &C. &C. &C.

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## TO THE MEDICAL PROFESSION.



It has now been more than seven years since the New operation and Plan for the Radical cure of Hernia described in the following pages, first suggested itself to the present writer.

Since that period he has pursued his observations and researches on this subject, with care and diligence, which have however, been occasionally interrupted by other avocations.—The materials which have accumulated within this time would form a volume of more than two hundred pages. Upon consultation with a number of his professional and other friends, and upon mature reflection, the Author has considered that it would be premature to present so large a volume at this time to the Medical public. It has been thought that an abstract of the kind now given, would upon the whole be most proper, and advisable. It is therefore presented in its present shape.

It is acknowledged, it would have been more gratifying to the Author to have presented in a more extensive publication the *full amount* of his researches and observations on this important subject. But he has been constrained from affection and deference, to submit to the judgment, wishes and views of his professional and other friends, and make the publication as already stated in its present form, reserving the other materials for a more extensive publication to be made hereafter, if it should be called for.

It has been more than ten months since the Author first announced, that he had discovered a New operation and Plan for the Radical cure of Hernia; since that time he has operated for the cure of Hernia more than forty times. There has in no instance any dangerous symptom occurred. He has given no case in these pages which has not been witnessed by competent observers, whose names are also given, men of professional character and standing. This New Operation and Plan for the Radical cure of Hernia is now

submitted to the criticisms of the profession. If it will not bear examination and *commend* itself nothing that can be said in its praise will be able to introduce it to the confidence of the profession and to public favor. Therefore let it stand upon its own merits, and by them be judged.

## HERNIA IN GENERAL.

The term Hernia is of greek derivation—Its root is *Ernos* a branch; from its protruding forward. The term Hernia is understood by Surgeons to mean a *protrusion* of some of the viscera, out of their natural cavity. The protrusion most frequently takes place at some of the following points;—The groin, the navel, the labia pudendi, and the upper and fore part of the thigh;—All these are points of very great delicacy, and for a patient to declare them in a state of disease, is so severe a tax upon his modesty and notions of refinement, that it is seldom communicated or acknowledged, until it has been either of considerable standing, become extensive, annoying, or dangerous.

When it is remembered that nearly one thirtieth part of the population of our world are afflicted with Hernia, the various forms and circumstances under which it makes its appearance, its great inconvenience, and frequent fatality; its occurring in both sexes, at all ages and in all ranks and conditions of men; it cannot but be viewed as one of the most interesting subjects which can possibly be presented to the consideration of the Medical Profession. And when the profession also remember, that the modern, like the ancient world, *strangely* and without any obvious propriety, class this distressing infirmity with the disgraceful disorders, and this idea so absurdly and deeply ingrafted in the minds of men, naturally inclining them to yield themselves up the willing subjects and frequent victims of every ignorant pretender, it well becomes the scientific and skilful members of the Medical Profession to entertain this subject most assiduously, and bring to bear upon the *Radical cure* of this disease, those Anatomical, Physiological, and Pathological improvements which the brilliant progress of the Medical Profession, all over the civilized world, *has presented and is continually presenting* for the relief of suffering and afflicted humanity.—In this view of the subject the present Author begs leave to present for the consideration of the



Medical Profession a brief review of the various means and methods which have been heretofore employed for the Radical Cure of Hernia, and to exhibit his New Method and Plan of cure, illustrated by cases.

## RADICAL CURE OF HERNIA.

In the examination of the various means which have been resorted to for the Radical cure of Hernia we are at once confronted with topical, and internal remedies almost without number, figuring in the forms of salves and cerates, cataplasms and sticking plasters, Epispastics, Rubefacients, and embrocations, vinegar bags, Sandal-wood, and dog's-grass, Rupture wort, and were wolf, charms and amulets and all the family of Hocus Pocus. Internal remedies in a great variety of forms of *equal efficiency* with the topical applications above enumerated, and of equal absurdity, have been also as confidently resorted to. But, all these are now without advocates; except they are found among the most stupid and obstinate of Ignorant Pretenders. For further information on these points the curious can refer to Pare, Wiseman, &c. &c.

But there are other means and methods of cure which are not only plausible in their nature, but are in some degree sustained by occasional success. These we shall now take up and briefly sketch out. Among those which present themselves most imposingly is the plan of compression recommended by Celsus, and a number of the older writers. This plan has been fully tested in modern times thro' the instrumentality of Trusses.

The Medical Profession are well acquainted with the fact that European and American, ingenuity have devised a great variety of Trusses which have been well adapted to carrying out the principle of compression to its fullest extent. And that most of them have been well suited as retentive means, and have occasionally effected cures upon the principle of compression alone; and sometimes by producing inflammation that was extended from the surface to the Hernial sac have thus effected cures. This partial success under these applications, [and which is always dependant upon adventitious circumstances truly of a *hap-hazard character*,] induced the ingenious contrivers respectively to recommend their trusses as

certain and *infallible* means, for the Radical cure of Hernia. But no matter how frequent the *failures*, and how excruciating the tortures which uncured patients have endured, unfailing impudence and ignorance united with an insatiate love of gain, have continued with confident boldness, to recommend and *thrust* upon an ignorant and unsuspecting community, these uncertain and *inadequate means of cure*, AS CERTAIN AND INFALLIBLE means to produce it!!!

But with all this parade of promised relief and *never failing cures* there have appeared many deluded victims of these bold experimenters, who have suffered under their plan and have arisen from its recent excruciation (when carried to its highest point of compression) and proclaimed its extreme torture and *utter inadequacy*. But, to this indiscriminate recommendation of trusses by their respective proprietors and agents, as *certain and infallible means* for the Radical cure of Hernia, there is one honorable exception, which the present writer feels it his duty not to omit. The case is that of Doctor Amos G. Hull, of New York. His truss, which is decidedly superior to any yet invented, is only recommended as *probably* certain to effect a cure in cases of Rupture occurring in young persons, and in recent ruptures occurring in grown persons;—and as *sometimes* capable of effecting a cure under favorable circumstances of old Ruptures, existing in persons of mature and advanced age, but as capable in all cases of retaining the intestines within the abdomen. This recommendation and exposition, is perfectly consistent with the character which Hull's truss has sustained. The New York Medical and Physical Journal Vol. 4—a Journal of the first reputation, and conducted by Medical abilities, of the very highest order—holds on this subject the following language:—"The qualities we have united in the truss are equally applicable to every species of Hernia, and we can say without the fear of contradiction, that the proportion of cures it has effected, is altogether unparalled. It may perhaps be an interesting inquiry to some, how this instrument produces its effects; and we think after considering its construction, this question can be answered to the satisfaction of any rational mind. It will be observed that this truss presents a concave surface to the rupture opening. The concavity, of the plate is occupied by an elastic cushion, the resistance of which is sufficient to reduce the intruding



intestine while it is prevented escaping to any considerable distance, by the pressure of the metallic plate; which pressure being greatest at the circumference, and diminishing towards the center, tends constantly to approximate the Hernial Parietes, and afford them rest and mechanical support. It is therefore obvious that nothing is suffered to intervene between the lips of the opening, as is the case when the intestine protrudes, or a convex pad is applied; but a fair opportunity is presented for the fibres to recover their tone, or to heal when any laceration has been produced by violence done to parts." "The distinctive merits of this truss, Dr. Hull sums up under the following heads.—First, the concave internal surface of the rupture-pad, from its pressure being greatest at the circumference, tends constantly to approximate the Hernial Parietes affording them rest and mechanical support.

2dly. The combined hinge, and pivot mode of connexion between the spring and pad, by means of a tenon and mortice so constructed as to preserve a double hinge and limited joint, acting in every direction thereby securing the uniform pressure of the spring on the pad, and sustaining the same nice co-adaptation of the pad and rupture opening, as well under the varied ordinary desultory muscular actions, as when the body is in a recumbent posture.

3rdly. The graduating power and fixture of the pad to the spring, rendering as will be readily perceived, the condition of the pad perfectly controllable, even to nameless minuteness. Also resulting from this mechanism, is the advantage of accommodating a large truss to a small person;—hence the facility of supplying without disappointment persons at a great distance.

4thly. The double inguinal truss, being simply the addition of another pad, attached to a short elastic metallic plate; this plate with its pad move on the main spring by the same power of adjustment and fixture as the first pad, the pressure of the pads being graduated at pleasure by an intervening cork wedge."

It will thus be seen that the truss of Dr. Hull is as well adapted as a *retentive* means for persons, of all ages, as perhaps human ingenuity can devise, and that it is well calculated when we consider the anatomical features, of the parts to which it is applied to sustain the high character which it has already attained.—But we shall have occasion

hereafter to introduce this truss when we come to another part of our subject—we therefore for the present dismiss it.

### M. BEAUMONT'S METHOD OF CURE.

“The method of this gentleman consists in taking equal parts of bark and of the tender sprigs of the *æsculus hippocastanum*, which are to be reduced to ashes, and then mixed with an equal quantity of powder composed of one drachm of cypress nuts, two drachms of galls, one drachm of some aromatic substance and a small portion of *hernaria glabra*.—This mixture is enclosed in small bags in the proportion of one ounce for adults, and half an ounce for children, and then boiled in one part of white wine, and two parts of water, until the fluid is reduced one third. When the liquor is cold, he adds one drachm of the sub-carbonate of ammonia. When these bags are thus prepared, they are to be kept for use in the fluid in which they have been boiled. Two are generally sufficient for a patient; and in using them they should be placed alternately under the pad of the truss where they are to be kept four or five hours at a time, taking care to remove them three times daily, until the patient has perfectly recovered. It need be scarcely remarked that while pursuing this treatment the patient should never take off the truss.

*de* In persons whom Hernia are difficult of reduction, or who are unable to subject themselves to those daily inconveniences, M. Beaumont puts half an ounce of pulverized opium and a small quantity of subcarbonate of ammonia amongst the hairs with which the pad of the truss is usually stuffed. By the employment of either of these methods the skin soon becomes irritated, and a pustular irruption is the consequence. If after some time, this portion of the integuments be pinched up, it will be found firm and resisting, indicating that it is about to become united with the subjacent parts. In order to prevent the development of the pustules, and the small ulcerations with which they are usually accompanied, a piece of fine linen should be interposed between the skin and the bag. The Author of this discovery is of opinion that the cure is owing to the irritation of the skin, which is thus kept up for a long time, and is propagated to the subjacent cellular tissue so as to produce induration and hypertrophia, and an obliteration of the inguinal ring.—See *Tavernier's O. S.*



The plan of M. Beaumont by which external inflammation over the ring is transmitted from the surface to the subjacent parts, and thus closing the ring, is the most unexceptionable of any involving this principle, which has been heretofore resorted to.

### DR. VANDYKE'S PLAN.

Dr. Vandyke: a gentleman of high Professional reputation, and formerly a Surgeon in the United States' Army, 4th Regiment, practiced on the plan of producing inflammation on the surface over the ring, & propagating it to the subjacent parts, & thus producing adhesion and obliteration of the ring. For this purpose he employed a truss of great strength of spring, with a pad of wood of an oval form, covered with leather. Upon this plan he succeeded in several cases;—but the pressure produced by so stout a spring and so hard a pad, gave such unceasing and intolerable pain, and required to be continued so long a time, (from 50 to 80 or 90 days) before any *favourable* results would ensue,—(and they were seldom favourable) that there were very few persons found willing to submit to a process of cure, which not only inflicted such excessive pain, but was liable, and actually produced, lasting injury of the spermatic chord, and other painful and disagreeable results. Dr. Vandyke after repeated fair trials abandoned this means of cure, as from its very nature, cruel, injudicious and inadmissible. It should be remarked in justice to Dr. Vandyke that he did not claim originality in this mode of treatment; his object being simply, to test the plan of compression, and translation of external inflammation from the surface to the sac which had been in great vogue in Denmark in the days of Winslow, who flourished in the sixteenth Century. During his day certain empirics pushed the principle of *pressure* almost to the point of mortification; confining their patients during the period of cure, to a recumbent position. M. Beaumont's plan of transmitting inflammation from the surface to the sac, is infinitely preferable to this, and free from any of its painful and dangerous consequences. It is insisted in a very interesting argument on this subject by M. Duplat of Lyons that regular compression

*cure*

*(Lyons)*

perserveringly applied in connexion with astringents will radically cure almost any case of Hernia. Similar views are entertained by other respectable practitioners.

M. Ravin, a surgeon of eminece in Province, confidently relies upon topical astringents with compression. — He keeps his patient in a recumbent position for a long period, even for many months.

Fabricius Hildanus, relates a case of radical cure in a man by confinement to-bed for six months. His rupture had been of twenty years standing. (Cent. 5. Obs. 54.)

Le Dran and Arnaud relate cases in which very large ruptures entirely disappeared, the patients having suffered much from sickness, long confinement to bed, and great emaciation.

## OF OPERATIONS.

It is not intended to enter into a detailed account of the various operations which have been proposed and practised, for the radical cure of Hernia, but merely to present their outlines.

### THE PUNCTUM AUREUM

This was an operation of the olden time. It consisted in an incision made through the integuments, and adipose membrane quite down to the highest portion of the spermatic vessels, a golden wire was passed around them, and so twisted and adjusted as to prevent any protrusion in the *tunica vaginalis testis*. This operation of course does not rest upon such grounds, as to be a subject of discussion for enlightened modern surgery.

### THE ROYAL STITCH.

This also is an old operation. The Hernial sac was exposed at its neck by an incision and separated from the surrounding parts; a ligature passed around it, so as to close the abdominal ring, and produce its obliteration. This operation has met with success. See *Heister*. Desault cured nine cases of umbelical Hernia in children upon this plan.



## CUTTING AWAY THE SAC.

This operation was successfully performed by Schmucker in two cases of irreducible Hernia, free from stragulation, but Mr A. Cooper did not meet with success in one case in which he operated. It is something remarkable that this enlightened surgeon could ever have been induced to operate upon a plan, so formidable in its nature, and presenting such slender prospects of success.

## CAUTERIZATION.

Even this plan with all its barbarity has been practiced and has been successful. Both the Chemical and Potential cautery have been employed. In some cases the neck of the sac was exposed by the knife and then either the Chemical or Potential cautery applied—some cauterized with the *red hot iron deep into the ring*, others contented themselves with merely touching the neck of the sac with fire, or with some chemical cautery. In some cases either the chemical or potential cautery was applied on the skin until it reached the neck of the sac, in other instances, the cautery was applied to the internal surfaces of the sac. The object of the application of the cautery was the closure of the sac.

## SUTURE.

To operate by suture, is either to sew up the sac after it has been emptied and incised, or to sew up the sac after it has been simply emptied.

## LIGATURE.

The method of operating by ligature, is different, with different Surgeons. Some having previously exposed the sac pass the ligature around it—others apply the ligature without incising the skin. The ligature is applied in several other methods, such [as traversing the sac with a double thread and tying the valves separately. Desault passed his ligature in a circular manner, included all the coverings of the sac, and then drew his ligature so tight as to produce mortification as speedily as possible.

*valves*

## INCISION.

This operation is the same as that for strangulated Hernia.

## DILATATION OF THE RING.

It would seem that a proposition to *dilate* the ring with a view to effect a radical cure of Hernia ought to be esteemed a joke, or rather a *sarcasm* upon the many unsuccessful methods of cure, nevertheless it has been seriously proposed. As a joke or sarcasm it is very poor, as a serious proposition it is absurd.

## SCARRIFICATION.

The plan of cure by scarification is of very old date. It is performed in two ways. The internal surfaces of the sac are scarified after incision; or a number of small incisions are made in the neck of the sac, and was so practiced by Richter. And he tells us with the greatest success. This plan of cure is more exempt from danger than any other heretofore employed, and is as certain in its favorable results.

## CASTRATION.

The method of performing this operation with a view to the radical cure of Hernia, is to make a T incision on the front of the scrotum. The transverse wound admits the application of the ligature, and the perpendicular allows the removal of the testicle.

## DR. JAMESON'S NEW METHOD

Since writing the above, a medical friend has put into our hands an article which purports to be an account of a *new* method of cure of Hernia by Dr. Horatio Gates Jameson of Baltimore. The operation was performed on a lady, and consists in exposing the ring and cutting from the neighboring integuments a flap of a *lancet shape two inches long and ten lines wide*, its base lying on the side of the first wound. This *lancet shape, flap* according to Dr. Jameson was inserted into the Hernial opening and confined in its appropriate place



by *sundry stitches*, & having applied an appropriate bandage, his patient was radically cured as Dr. Jameson supposes, by the *lancet shape stopple* which he had placed in the crural ring, becoming united with the circumjacent parts, as in *rhinoplas-mus*, &c. &c.

We have thus given an outline of all the various methods for the radical cure of Hernia, which have come under our notice. We come now to describe the new method and means of cure, to which the present writer lays claim as an original discovery. And he now remarks that if it can be shown, that this plan of cure has been practised heretofore by any one else; or that an account of it is any where given in the annals of medicine, he will not only most cheerfully acknowledge his *ignorance*, but unite most cordially in giving to the name of the original discoverer, all appropriate praise; and he trusts he will do it in the true spirit of "Rendering to Cæsar the things which are Cæsar's."

#### PUNCTURATION OR PERFORATION.

By this title we have denominated the surgical operation, we have successfully practised for the cure of Hernia. The kinds of Herniæ in which it has been employed, are Femoral and Inguinal. How far it may be applicable to *every species and variety* of Herniæ, the Author has not yet had sufficient experience to undertake to decide. At present he feels justified by past experience to declare it in his opinion, suited to every form and variety of *reducible* Femoral and Inguinal Hernia. The mode of performing this operation is as follows:—The patient is laid on his back, upon a suitable table, with the hips somewhat higher than the head. The parts being shaved, the operator then carefully reduces the contents of the Hernial sac. He then applies Searle's Apparatus, placing the pad an inch or more above the inner ring, and by turning the screw, produces pressure sufficient to remove the intestines from the inner ring. The hernial sac is now drawn gently and steadily down, as also the testicle of the Hernial side until the spermatic cord and the sac, are fully upon the stretch. An assistant very conveniently secures these parts in this position by gently grasping the scrotum in such a manner as to include the Hernial sac, if it has descended into the scrotum. But if the sac has not descended so low,

the assistant will apply a downward pressure in such a manner as to bring the parts as much as possible on the stretch; so that the surface to be operated upon will be smooth and regular. The operation is to be performed at the inner ring. It may commence on either side of the ring or opening. The Author generally begins on the *Pubic* side. He uses a needle a size smaller than the common straight couching needle. A transverse line of punctures is made from one side of the ring to the other as thus— . . . . .—These punctures should pass through and through the sac, and into the parts below. The Author usually carries them *to the bone* and sometimes *bore a little into the bone*. The punctures should not be made more than a line apart in *cutis vera* and in making them, care should be taken not to wound the spermatic chord &c. &c. Two lines of punctures as thus — . . . . .—will generally be sufficient in

young healthy persons; but at least three as thus— . . . . .—

are required in grown persons and especially in aged persons. There are three kinds of needles used in this operation, and each of them, in performing the operation, is used in a mode different from the other. If a needle of the form of the common straight couching needle is used, the operator pushes it at once through the sac to the bone. To operate with this needle, and in this way, produces the most pain, though its duration is short. It is best suited to a capital operator, and a firm patient.—By a firm patient in this connexion, is meant one who wishes the operation to be speedily terminated, and who can and will resolutely bear a little pain of short duration. The second kind of needle used, is a common steel sewing needle, a size smaller than the common straight couching needle, with a very sharp point; with the eye-end firmly fixed in an appropriate handle. This kind of needle is best suited to a *timid* operator and a *timid* patient; or a timid patient alone. It is carried through the parts by a slow, semi-rotatory motion, pushing it slowly, and almost imperceptibly forward, and occasionally gently tapping the top of the handle with the finger. It is thus introduced *gradatim* to its destined point, & then gently withdrawn. This mode of puncturation produces very trifling pain.



This operation requires much longer time than the preceding, but is equally efficacious.

The third kind of needle is of the size of a common couching needle, but its form is that of a common steel sewing needle, with the exception of its being at the handle-end of the size of a common writing quill; and is perforated from the handle-end to near the point. The commencement of this perforation is funnel shaped for from three to five lines, it then continues about half a line in size until it opens near three lines from the point. On the *handle-end* of the needle there is a male screw cut, which is introduced into an appropriate female screw in the handle. This needle may be introduced as the first, or in the manner of the second; to introduce it as the second is preferable.

The third kind of needle is only used after several operations with either of the preceding needles having *failed to produce the desired effect*.

In this case we *now* introduce the hollow needle. The handle is then unscrewed—a drop or more of cinnamon oil—or oil of pepper, or cloves, or tincture of cantharides, or spirits of turpentine, or other stimulating fluid, is let fall into the funnel-shaped hollow part of the needle. The specific gravity of the fluid carries it downwards towards the point of the needle. A small silver wire is introduced into the tube, and carried through the fluid, until it touches the part in contact with the lower opening of the tube. The wire is then withdrawn—the handle screwed on, and the needle *turned round or withdrawn a little* according to the judgment of the operator. The handle is again unscrewed, and the wire again introduced through the fluid until it touches the part in contact with the opening near the point of the needle, as before. The handle is again screwed on—the needle *withdrawn a little*—the handle again unscrewed, and the wire again introduced &c. &c. This course is pursued *gradatim* a number of times (the number determined by the judgment of the operator) until the whole line of parts through which the needle passes is touched with the stimulating fluid, and the needle brought to the surface. The next puncture need not be nearer than three lines to the first and a distance of five lines apart will generally answer. The line of puncturation in this case is to be extended from one side of the opening to the other as direc-

ted in the preceding operations; and one line of this puncturation will generally be sufficient.—When the hollow needle is used, the line of puncturation should be laid in the track of the middle line of the former *puncturations*; and the punctures made from three to five lines apart as thus

— . . . . . —

The operation with either of the needles may be repeated any number of times with the most perfect safety, should a repetition be required—every *preceding* operation favoring the success of the *succeeding* one. Altho' the present writer has operated more than fifty times, he does not believe that more than ten drops of blood have been spilled in all the operations together. And in no instance has any alarming or dangerous symptom ensued. While the results have been *uniformly favorable*.

When the operation is completed, the apparatus is to be brought down and *secured on the pelvis* and a pad of the form appropriate to the *peculiar form* of the opening of that particular rupture is to be screwed down sufficiently to bring the internal surfaces of the sac in coaptation, and to retain the contents of the abdomen in their place. The pressure must not be carried to a point so as to become painful, or to render the patient uncomfortable. It is sufficient that it be made to such an extent as will simply bring the parts together. Too great a pressure would destroy the effects of the operation by diminishing the action of the parts. The Surgeon must decide upon the extent of the pressure—regulating it by the effect it is required to produce, and consulting as far as practicable, the feelings and immediate comfort of the patient. It will be recollected that the immediate object of the pressure is simply to bring the parts into contact. It must be carried this far;—to carry it further, will not be productive of any advantage, and may result in injury of the spermatic vessels—and may defeat the operation *for that time*, and render its repetition necessary. But let it be remembered the Author does not admit of such a thing as an entire failure in this method and process of cure. If the first and second, or third operation does not succeed, which will seldom be the case—it must be repeated *until it does succeed*. And it *will* ultimately succeed in every case of reducible Hernia *if conducted with skill and judgment*.

The apparatus *first used* by the Author for applying press-



ure and retaining the intestines within the abdomen, during the progress of his plan of cure, was invented by H. Searle, a surgeon of London. *A description of an instrument for Applying Local Pressure without interfering with the general circulation.* Its use in a case of Ovarian Dropsy, by H. SEARLE—SURGEON, LONDON: may be seen in the 8th. Vol. Medical Recorder—page 267—This instrument is subject to a number of inconveniencies and *little* difficulties in keeping it appropriately adjusted. The present writer endeavored to remedy this by several modifications of Searle's Instrument; but upon the whole, he believes the instrument was not improved by any of his modifications or additions. He has since tried Dr. Hull's improved patent Truss, which seems peculiarly suited to answer the indications which are to be met after the operations, viz: of retaining the protruding parts in their appropriate place, and bringing the internal surfaces of the sac into a *steady, uniform and nice coaptation*. But even to this instrument with all its superior merits, there seems to be some alteration or improvement required; but *wherein or at what particular points* the present writer has not yet definitely decided. But whether it ever be improved or not, it is the best instrument we have any knowledge of for the purpose already mentioned. After the operation is completed and Searle's Apparatus, or Hull's Truss is applied, the patient may pursue his usual avocations. There is no necessity for confinement. A little heat, throbbing and some soreness, is the most inconvenience to which the patient is liable, or suffers.

Having described the mode of operation and its several modifications; we come now to make a few remarks upon its nature, effects and character.

It will at once be observed by every scientific member of the profession that this peculiar operation causes the least possible degree of solution of continuity—it produces no destruction of parts, and from its very nature, is not liable to excite extensive inflammation, of the higher grades and thereby expose the patient to danger. The puncturation produces an action of sufficient vigor to excite the secretion and *throwing off* of coagulable lymph; and opens a way for it to exude into the cellular substance and other parts above and below the sac, and also produces the effusion and deposition of coagulable lymph between the walls of the sac which being

thus deposited on the surfaces of membranes, whose physiological tendency is to form adhesions when brought into contact, and *this tendency* being thus *encouraged* and promoted, an union must and does ensue. Relative to the Physiology of serous membranes—See MAGENDIE, BROUSSAIS, Bichat &c.

Adhesions of serous membranes to one another, and to adjacent parts are more frequently met with in Post Mortem examinations than any other species of adhesion. See BAILLIE'S MORBID ANATOMY and MORGAGNI DE CAUSIS ET SEDI-BUS MORBORUM &c. &c.

No instance has occurred in which it was necessary to repeat the operation with the hollow needle. Though cases may arise in which it will be required. The hollow needle should not be resorted to until at least two or more operations with the other needles have failed to produce the desired effect, and thus *indicate a sluggishness of action in the parts concerned* which is to be quickened by the hollow needle operation.

In presenting the following cases illustrating the practice under this *New Plan and process of cure* of REDUCIBLE Femoral and Inguinal Hernia; the Author thinks it due to the Profession and himself to state—that the operations were performed in the presence of the following gentlemen:—Doctors John W. Hawkins, and James Hill, Doctors Pleasant J. R. Edwards, Thomas Reed, and Daniel Rather; and Messrs. Roberts, Morris, and Moore. All these gentlemen were not present at once at any one operation. The two first named gentlemen, witnessed three operations and their successful issue. The three last named gentlemen also witnessed three other operations and their successful issue. And Drs. Edwards, Reed, and Rather, witnessed all the other operations and their success except two cases operated on by Dr. Samuel Pride of Maryville—at neither of which was Dr. Reed present. Dr. Edwards was present at one, and Dr. Rather and the Author assisted at both. But Dr. Reed, Rather, and Edwards, all saw the cases after they were operated upon by Dr. Pride, and witnessed their success.

#### CASE—1.

J. M. Turner aged eight years, was always a weakly child—subject to colic, and costiveness, and sometimes di-



arrhœa. His rupture was discovered when he was about three months old, and believed to be congenital. Its size about that of a goose-egg. The bowels generally return into the abdomen when he laid down.—*Two lines of punctures* were laid across the inner ring and Searle's Apparatus applied, and the patient directed to take the following powder every day an hour before dinner, to improve his general health—Carbonate Soda 3grs. Columbo 3grs. Rhubarb 2grs.—mix and take it in half a gill of tolerably strong whiskey toddy, diet as usual. In thirteen days, another *line of punctures* was laid across the inner ring, between the two first lines. In thirty-four days from the first operation, the patient was well and the apparatus laid aside.

### CASE—2.

Cary Wilmouth—aged 62 years—has had Inguinal Hernia, left side, 23 years—has never worn a truss—supports the *bag*; which is about the size of a child's head, in a kind of suspensory bandage can return the bowels at any time—is subject to occasional colic.—In other respects his health is good. His rupture has several times brought him to the verge of the grave. *Three lines of punctures* were laid across the inner ring and Searle's Apparatus applied. In five days the operation had no visible effect, and was repeated. In seven days it was again repeated, and the patient directed to drink pretty freely of French Brandy toddy daily. For three days after the last operation, he complained of throbbing, heat and soreness at the inner ring, which at length gradually subsided, and by the tenth day, had entirely disappeared. In forty-six days from the first operation, the patient was well, and the apparatus was laid aside.

### CASE—3.

Col.———, aged 52 years—has had Inguinal Hernia of the left side for 16 years—has never worn a truss. The rupture has become so large that it has nearly buried the penis.—Suffers great pain in the protruded bowels *post coitum*. For the last six or seven months, the pain has been so great as entirely to deter him from *this exercise*. The bowels can be returned with difficulty. The patient's gen-

eral health is tolerably good—he has been occasionally intemperate—is a full liver, and rather inclined to be fleshy.

After considerable difficulty, the Author succeeded in returning the contents of the hernial sac into the abdomen, and applied Searle's apparatus to retain them in their proper place; and at 9 o'clock at night, the patient retired to bed, expecting to be operated upon the next morning; but in six or eight hours after the reduction of the Hernia, the patient was seized with sickness of the stomach—gripping and violent contractions of the muscles of the abdomen. The action of the abdominal muscles, *seemed to be similar to the action of those muscles in the female during labor.* And notwithstanding the employment of vœnesection and cathartics combined with antispasmodics and anodynes, the muscles continued their contractions so violently that they seemed to declare that they had determined the contents of the Hernial sac had forfeited their citizen-ship and should not have a residence again within the walls of the abdomen. So at length we were compelled to yield with as good a grace as we well could. The apparatus was removed—the contents of the Hernial sac again occupied the sac—the abdominal muscles became quiet; and the patient easy. The next day he was put upon a diet of soups and water gruel, to which was added daily, mild aperient medicines. Eight days after the first reduction, it was again accomplished, and the intestines retained—not however without some symptoms of rebellion on the part of the abdominal muscles, which were fortunately quelled by a single full dose of Æther and Paregoric combined, and administered in a little water.

In this case the operation of *three lines of punctures a cross the inner ring* was repeated *six times in three weeks*; and with but moderate advantage. The patient in the mean time had been regularly stimulated and put upon a generous diet; but the sac and circumjacent parts appeared from having been so long upon the stretch, to have lost much of their sensibility. The operation with the hollow needle was resorted to, and *two lines of punctures* laid across the ring. The oil of black peper was employed.—This produced an action of a very vigorous character along the lines of operation, and was accompanied with soreness, smarting, throbbing, itching & tingling at the ring. In four or five days, these symptoms subsided; and in twenty-six days from the last operation



the patient was well, and the apparatus laid aside. Upon subsequent reflection, the Author is of opinion that he applied too great pressure after all the operations in this case *except the last*; and thereby added to the diminution of the already diminished sensibility of the parts, which had obtained in consequence of their being so long upon the stretch &c. &c.

This opinion would seem to be strengthened by the result of the last operation, in which the pressure was very moderate; and it appears to be further sustained by the following case.

#### CASE—4.

Franklin T. Haskins—aged 26 years has had Inguinal hernia of both sides—brought on by hard lifting about seven years ago—has never worn a truss—health been on the decline for the last year especially—troubled with occasional colic pains, and costiveness. *Two lines of punctures* were laid across each inguinal ring, and Searle's apparatus applied. The pressure very moderate. The patient was put on a course of vegetable tonics, and mild aperients. In nine days from the operation, union had taken place on the left side, and in eleven days, the union was complete on both sides. He however, was advised to wear the apparatus for three weeks longer, at the end of which time, his general health was also restored—his Herniæ radically cured, and the apparatus laid aside.

#### CASE—5—6—7.

Mrs. R., Mrs. M., and Mrs. M.—These were cases of Femoral Herniæ. Each of these ladies was the mother of several children; and each case of Hernia had been of several years standing.—Each of the ladies had worn a truss. Two of them, made by a neighboring black-smith—the other, Hull's improved patent truss. Hull's truss was the only one which uniformly retained the bowels in their appropriate place. It was in the case of the lady who had worn Hull's truss that the Author first applied a truss after his operation. He found it so superior in this and several other case, that he now greatly prefers it to any other instrument

for the purposes required after his operation. *Three lines of punctures* were made across the Femoral ring in each of these cases. The operation succeeded the first time in two of the cases. In the other, it was repeated five times with the first kind of needle, and did not succeed—owing as he believes, *entirely* to the imperfection of the instrument used to make the necessary pressure &c. The sixth time the operation was performed with the *hollow needle* and a single line of punctures laid across the ring. A weak solution of nitrate of silver, was the fluid employed. The symptoms which followed were the same as those which occurred in the case in which the oil of black pepper was used. In about three weeks from the last operation, the union was complete. The lady however, being very fleshy, has continued to wear the truss (Hull's) as a matter of choice and not of necessity. She says she is radically cured, and the Author believes there is no doubt of the fact.

#### CASE--8.

O. C. P. Esqr. aged 39 years—This gentleman had been afflicted at the age of 27 with Hydrocele of the right side of the scrotum. The spermatic chord had become greatly enlarged and the testicle indurated. After several attempts to obtain a radical cure by the operation commonly practised in that disease, he was compelled to submit to a removal of the testicle of that side; which operation was performed by a respectable Physician and Surgeon in Virginia. He was radically cured of Hydrocele. At the age of thirty-one, he was violently thrown from a gig, which produced an Inguinal rupture of the right side. Shortly after he ascertained the nature of the injury, he procured Strahan's truss, which he has worn ever since. Three fingers may be very easily passed into the ring and the abdominal parietes about the ring are very thin.—The truss occasionally permits the escape of the intestines, and when down, they are very painful and reduced with difficulty notwithstanding the size of the opening. *Three lines of punctures* with the first kind of needle were laid across the ring, and each puncture carried to the bone, and the point of the needle *bored a little into the bone*. Hull's truss was then applied. In sixteen days from the operation, a firm and complete union had taken place. Upon making



pressure at the ring with the point of the finger a *distinct ridge of callus could plainly be felt*. This no doubt was the new growth of the *osseous matter* thrown out in consequence of the *perforations* being carried *into the bone*. We have considered the *entire* results of this operation the most satisfactory of any; with the exception of the following case the results of which were precisely similar.

#### CASE—9.

Lafayette Black—aged ten years—Inguinal rupture of the right side—first discovered when he was about three years of age—supposed to have been caused by a fall from a counter—has worn a truss or bandage ever since. The intestines constantly incline to come down whenever he makes any bodily exertion. *Two lines* of punctures with the first kind of needle, were laid across the ring and *each perforation carried into the bone*. Searle's apparatus was applied—having no Hull's truss. In *seven days* a complete union had taken place, and in *fourteen days* it appeared firm and upon pressing at the ring a *distinct and regular ridge of callus* could be *plainly felt*—the growth as is supposed of the *osseous matter* thrown out from the perforations made into the bone. In seventeen days, the apparatus was entirely laid aside.

#### CASE—10.

S. B. Esqr. aged 47 years—had the mumps at nineteen years of age which fell with great violence on the *testes*. The testicle of the right side greatly diminished in size, and also the right spermatic chord, diminished in a corresponding degree—has always felt a weakness of that side, "about the rim of the belly"—has been married eighteen years but his wife has had no increase of children. For the last six years *during every erection of the penis has felt a drawing, prickling, and uneasy sensation* at the right inguinal ring, which generally lasts eight or ten minutes, and is followed by sickness of the stomach.—Has inclined to be costive. Two years ago while scuffling with a young stud horse, the patient was thrown violently with his *belly* against the beam

of an apple mill—his “*breath knocked out*,” and he lay some moments supposed to be killed. But in a few minutes he “came to” and with a little assistance walked to the house. On that night he was attacked with violent pain and throbbing at the right inguinal ring, and upon examination, found he was ruptured. A medical attendant was immediately procured, who made many attempts at its reduction, but unsuccessfully.—Patient remained in a recumbent position, and took largely of epsom salts. In two days, a *spontaneous reduction* took place.—Has worn a truss of his own manufacture ever since but which does not prevent an occasional escape of the intestines, particularly while he is engaged in any very active exertion. The protruding viscera are very easily reduced. Since the rupture, patient has never felt the *drawing, prickling, and uneasy sensation* spoken of, nor has he been troubled with sickness of the stomach.

*Three lines of punctures* were laid across the ring, and Hull’s truss applied. In ten days *another* line of punctures were laid in the track of the middle line of the first operation. Each line of punctures were carried into the bone. In twenty-eight days a complete and firm union had taken place; and on pressing with the end of the fore-finger at the Inguinal ring, it was thought that a ridge of callus could be felt as in the two preceding cases; but if it could, it was not so plain or prominent as either of the others.

#### CASE—11.

Mr. James Jackson—aged 22 years. This gentleman was ruptured in consequence of jumping from a two story window upon a hard pavement. The rupture at the right Inguinal ring and of not quite four months standing—Has worn Hull’s improved patent truss ever since—Patient’s general health good, and constitution robust. *Three lines of punctures* with the first kind of needle were laid across the ring, and Hull’s truss applied. Mr. Jackson immediately returned home, and has since written to the Author that he is radically cured, and has laid aside the truss. He does not specify the length of time in which the cure was effected.

#### CASE—12.

David King (colored man)—aged 36 years—Inguinal rup-



ture of both sides. The rupture of the left side, congenital. That of the right side came three years ago while trimming apple trees.—Has worn Hull's truss on each rupture. On the congenital rupture for ten years—on the recent rupture for nearly three years. They both occasionally come down, and have several times nearly brought him to the grave.

Three lines of punctures were laid across the ring of the recent rupture and Searle's apparatus, (his Hull's truss being very much worn) applied. In seven days an union had taken place—the apparatus was removed and Hull's truss applied, which he yet wears.—Patient is now under treatment for the congenital rupture. This case would not have been now given, but for the reason that the Author has had but two colored persons under his care, and both of them complained of symptoms after the operation of which no white person ever complained; viz. of passing *per anum* a teaspoon full or two of blood with each stool for several successive days after the operation. This symptom, when first complained of excited much interest in the mind of the operator. However being induced from sundry circumstances to doubt the correctness of the statements, a strict watch was kept upon the patients when they went to stool. They were immediately afterwards questioned as to the passage of blood; and their statements were not corroborated by any appearance whatever in the discharges resembling blood, or that could in any degree justify their statements. This course was taken several times with each of the patients until their misstatements were established beyond a doubt.

### CASE—13.

Parker Adkins (colored man) aged 23 years—INGUINAL HERNIA on the right side—first noticed tow years ago—*two* originated from lifting a very heavy load of rails—felt something give way at the "rim of the belly." On the next day the tumor appeared in the groin, attended with very acute pain, and very tender to the touch—gradually increased to the size of a large apple—bowels very costive. Fever—thirst—gripping and sickness at the stomach. Dr. \* \* \* \* first called, and after repeated trials failed to reduce it. Dr. \* \* \* \* \* was also called and like-

wise failed to reduce it. Vinegar and warm water and a mullen poultice were applied, and patient continued in a recumbent position. In 24 hours from their first descent, the protruding viscera *spontaneously* returned into the abdomen. Aperients were employed, and the bowels became loose. The viscera incline constantly to come down. Patient has worn a truss ever since the first reduction. The present writer first examined the patient the 2d. day of March 1835—He then complained of pain in his left hip attended with soreness, which disabled him from lying on the left side. Directed a linament of compound spirits ammonia to be rubbed night and morning on the afflicted part.—Also administered a dose senna and neutral salts.

March 12th— Parker is relieved of the affliction of the hip, and is put under treatment for the cure of his rupture. *Three lines of punctures* were laid across the ring with the first kind of needle, and Searle's apparatus applied. Four or five hours after the operation, patient complains of smarting and throbbing at the Inguinal ring.

22d. The smarting and throbbing accompanied with soreness at the *inner ring*, which commenced on the evening of the 12th inst. continued until last night, when the smarting and throbbing abated: soreness still continued.—Parker says his stools are streaked with blood. Of this he continued to complain for several successive days (*see case 12.*) In twenty-nine days from the operation a complete union had taken place. The apparatus was taken off, and many attempts were made to ascertain if the intestines would protrude.—such as coughing, straining, jumping a fence repeatedly, lifting and pulling at grape vines; but in all these trials, not the slightest appearance of a return of the rupture was manifested.

Parker was afterwards sent to Knoxville on horse-back, a distance of 30 miles, and in a few days returned to the Hackberry Bottoms, still no appearance of any return of his rupture. From the time of the removal of the apparatus, until the tenth of June, a period of two months, he remained with the present writer; during all which time he was engaged in continued athletic employments. On the 9th and 10 of June Parker was examined by Dr. Pride of Maryville, a gentlemen of eminence & high reputation in his profession. Dr. Pride took Parker through a variety of ap-



propriate experimental efforts to ascertain whether the rupture could be brought down. He pronounced him *radically cured*, as may be seen in his own letter, addressed to the Editor of the Knoxville Register and published in that paper; and which is annexed to these cases. Parker had been also repeatedly seen and examined by Drs. Edwards, Reed, and Rather, who were all well satisfied as to the fact of a complete union having taken place at the ring; and of there not existing any appearance of returning protrusion of the viscera. On the 6th of June Mr. A. B. Parham, the owner of Parker, came for him, and agreed to leave him till the 9th. or 10th. Inst. for the examination of Dr. Pride. The present writer told Mr. Parham that if a rupture should again take place at the same point, and the boy was sent to him, he would cure him without any additional fee. The fee for the present case was \$50. which however, *was not settled, and has not been settled.* Mr. Parham agreed to this arrangement very readily. Some considerable time after Parker left the residence of the Author, he was seen at the Campbell Station races by Mr. Andrew P. Miller, Mr. Philips, Mr. Davis and others, Mr. Miller particularly questioned Parker as to his rupture. Parker told him he *continued well*, and to use his own words "*was as sound as a roach.*" The Campbell Station races took place in the latter part of June or first of July. On the 26th. July, the present writer received the following letter which came to Woods Hill Post Office, *unsealed.*

18th. JUNE, 1835.

*Doctor Thomas A. Anderson;*

DEAR SIR:—My boy Parker, is not well yet, that place kept getting worse, and I got Dr. Trigg to put on Stagner's patent truss that seems to relieve him. I was compeled to have something done with him or he would have been in a worse situation than he ever was. I have had him examined by the Doctors. The note you gave me I cannot collect, he contends and wants to pay in a horse. I want to see you in Maryville as I am at work there. Dr. Trigg says he does not wish to interfere in your practice. I only have to pay if he cures, I have agreed only to pay for the truss. If you can do any thing more I would rather you would do it; however, I want to see you in Maryville where we can talk

about it. My Father got Trigg to put on the truss when I was absent.

Respectfully yours,  
BAKER PARHAM.

This letter was dated the 18th. of June, and *post marked the 19th. of July*, at the Knoxville Post Office; so it must have been on hands a month before it was mailed, or there must be some real mistake or fiction about it. Mr. Parham says in the first part of his letter, "I got Doctor Trigg to put on Stagner's patent truss," and in the latter part of his letter "My Father got Trigg to put on the truss when I was absent"!!! *But let the letter pass.* In relation to Parker, IF any *rupture* has taken place, it does not prove the fact that he was not cured of his former rupture; but that a rupture took place after he had been *already once cured*. IF there is a rupture, we have no evidence that it is at the same place with the former rupture. The case was not submitted to the examination of the present writer as it ought to have been, or to his treatment as it was agreed to be if any return of the rupture took place. And in as much as Mr. Parham had already employed Dr. Trigg, his letter was not answered.

The Author leaves the case and all the circumstances attending it, to the consideration and judgment of the Profession.—He has dwelt particularly upon it because it is the *only case* in which he has been notified of *any return* of rupture out of more than twenty cases cured. And this notification of this *single case* has come in a questionable shape as it regards its *authenticity*. He has also given this statement of facts because he felt it was due to the Medical public, due to his numerous Professional and other friends and due to himself. He now submits the whole of this Essay to the criticisms of the profession; and only requests their fair and candid examination.

*From the Tennessee Journal.*

MR. JOHN W. BREAZEAL,  
DEAR SIR:

We have seen in the Knoxville Register a communication from Dr. Samuel Pride, of Maryville, relative to Dr. Thos. A. Anderson's plan of cure of Hernia, or as, it is more commonly called Rupture.—The high reputation of Dr. Pride,



and his well known scientific attainments and integrity, entitle him to our confidence—and this grand improvement in the healing Art, coming as it does, from Dr. Anderson, has excited a great deal of attention and interest in our community. And we, desirous alone, for the public good, and for no other reason, will thank you to transfer, from the columns of the Register, the communication of Dr. Pride, that such authentic and correct information on this very important and interesting subject may go to the public.

Respectfully yours,

J. K. BROWN,

S. BOGART.

A. SLOVER.

T. NIXON VANDYKE.

V. M. CAMPBELL,

W. W. ANDERSON,

WM. H. DEADERICK,

June 29th. 1835.

FROM THE KNOXVILLE REGISTER.  
SURGICAL.

MR EDITOR:

Through the politeness of Dr. Thomas A. Anderson, I have been favored with a full development of his new discovery for the radical cure of that distressing complaint the Hernia; of which the public have already had some notice. It has almost universally been the lot of all important discoveries of whatever character, to undergo the ordeal of incredulous criticism or the dogmatical reprobation of ignorant empiricism, until they have commended themselves to the common understanding of those capable of seeing and appreciating its practical advantages. Discoveries of this character, alone, have shed their benign influence upon society, and such alone are capable of surmounting all opposition. Such then, must be the one under consideration. I have had the philosophy of this cure fully and amply explained to me, with an opportunity of witnessing the operation in two cases; and also other cases in different stages of cure. From all which I feel a freedom in saying that it promises all that the most sanguine anticipations could desire.

This plan comes not to us in the boasted admiration of blind enthusiasm but upon the principles of sound reason, and in accordance with the illustrations of Anatomy, and demon-

strations of certain well understood and universally acknowledged Physiological and Pathological facts *known* to every scientific member of the Medical Profession. And while this is true, it is also certain that in the annals of the profession no process that has ever been had recourse to, has the slightest resemblance to the discovery of which Dr. A. is exclusively the projector. All the boasted means of cure that have had only an ephemeral existence have not the slightest analogy to it. Much might be said in commendation of this plan if it were not a useless consumption of time. I shall therefore content myself with stating some of the advantages it possesses over all others.

And first it admits perhaps of universal application to the mere common and ordinary forms of the disease, and therefore presents a very reasonable ground of encouragement to hope that this approbrium will no longer be a desideratum in the healing Art.

2dly. It is not accompanied, in the hands of a skilful and competent operator, by any alarming and dangerous consequences.

3dly. It is not complicated by a protracted manipulation or instrumental apparatus. In this respect there is very great simplicity.

4th. It gives comparatively but little pain to the patient and that of but short duration.

5th. One grand superiority of the pain is that it admits of an indefinite number of operations. This circumstance however is not to be apprehended only under adventitious circumstances—such as may be attributable mostly to the negligence or inadvertence of the patient himself.

6th. And lastly, it secures from relapses as radically as the natural structure of the parts can secure from the original formation of the disease. Perhaps I might add more so.

It might not be amiss to state in conclusion that the Doctor showed me a case of cure which had been for many years of the more aggravated forms of the disease. This was a young athletic man. After the cure had been effected he had been required to engage in the most violent exercise repeated at various times without the slightest inconvenience to himself, or any re-appearance of the disease. Other cures had been effected equally as convincing, but they were not present to be submitted to examination.



By the politeness of Dr. Anderson I had an opportunity of operating on two cases; one a grown person, whose disease was of considerable standing and violence—the other a boy of eight or ten years old. The pain in either case was but very slight; and upon a subsequent examination I have but little doubt of their ultimate recovery. From all I have witnessed, from my knowledge of the accuracy and certainty of the scientific principles that sanction it, and from the acknowledged reputation of its inventor, his patient and indefatigable researches in eliciting truth, and his utter contempt for every medical hypothesis not sanctioned by the principles of common sense or the clearest demonstrations of a scientific illustration, I feel warranted in recommending the method of cure to the public, and especially that portion of them who are afflicted with this melancholy disease; as a source from whence they may safely hope to derive a safe and perfect release from all the miseries and anxieties attendant or consequent upon this disease.

SAMUEL PRIDE, OF MARYVILLE.

Henry Prescott M.D.

Washington City





